



UN 3724
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PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Clark, Dave

Atty. Docket: 85447.000095

Serial No.: 10/062,947

Examiner:

Filed: February 2, 2002

Art Unit: 3724

Title: DIGITAL PHOTOFINISHING METHOD AND APPARATUS

INFORMATION DISCLOSURE STATEMENT

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

Pursuant to 37 C.F.R. §§ 1.97(b)(3), Applicant hereby brings to the attention of the U.S. Patent and Trademark Office the enclosed references listed on the attached PTO/SB/08A form. Applicant believes that there is no fee due at this time. The Commissioner is hereby authorized to charge any additional fees or any overpayment to our Deposit Account No. 03-3875.

Respectfully submitted,

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Dated: April 28, 2003



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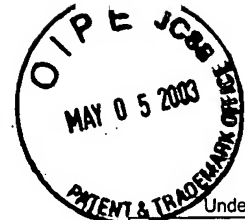
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/062,947
		Filing Date	February 2, 2002
		First Named Inventor	Clark, Dave
		Art Unit	3724
		Examiner Name	
Total Number of Pages in This Submission	53	Attorney Docket Number	85447.000095

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power to Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donna P. Suchy HARTER, SECREST & EMERY LLP
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